

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Ravi Chandran, Bruce E. Dunne and Daniel J. Marchok

Application No.: 10/019,450                      Group: 2626

Filed: May 28, 2002                      Examiner: James S. Wozniak

Confirmation No.: 4359

For: Coded Domain Adaptive Level Control Of Compressed Speech

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection Under 37 CFR § 1.116 for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

|  |   |       |                                       |                  |
|--|---|-------|---------------------------------------|------------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| TOTAL  | 60  | MINUS | 60                                    | 0                |
| INDEP  | 4   | MINUS | 4                                     | 0                |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  |

SMALL ENTITY

|         |               |
|---------|---------------|
| RATE    | ADDIT.<br>FEE |
| X \$ 25 | \$            |
| X \$100 | \$            |
| + \$180 | \$            |

OR

OTHER THAN  
SMALL ENTITY

|         |               |
|---------|---------------|
| RATE    | ADDIT.<br>FEE |
| X 50    | \$ 0          |
| X \$200 | \$ 0          |
| + \$360 | \$            |

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$ 0

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:

*(Effective for cases filed on or after December 8, 2004)*

|  |  |   |
|--|--|---|
| Actual Sheets<br>(Including<br>current<br>amendment) | Highest No. of<br>Sheets Paid<br>For<br>(At least 100) | No. of Additional<br>Units Required<br>(Increments of<br>50 sheets) |
|  |  |   |

SMALL ENTITY

|         |                         |
|---------|-------------------------|
| Rate    | Total<br>Amount<br>Owed |
| X \$125 | \$[ ]                   |

OTHER THAN  
SMALL ENTITY

|         |                         |
|---------|-------------------------|
| Rate    | Total<br>Amount<br>Owed |
| X \$250 | \$[ ]                   |

|                                    |
|------------------------------------|
| Payment<br>Sufficient for<br>up to |
| [ ] Sheets                         |

### Petition for Extension of Time

☐ Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

**Please charge Deposit Account No. 08-0380 for the following fees:**

|                          |   |        |          |
|--------------------------|---|--------|----------|
| <input type="checkbox"/> | Petition for [    ] month Extension of Time | \$     | _____    |
| <input type="checkbox"/> | Claims Fee                                  | \$     | _____    |
| <input type="checkbox"/> | Application Size Fee                        | \$     | _____    |
| <input type="checkbox"/> | Other Fees:                                 |        | _____    |
|                          |   | \$     | _____    |
|                          |   | \$     | _____    |
|                          |   | \$     | _____    |
|                          |   | TOTAL: | \$ _____ |

**A check is enclosed in payment of the following fees:**

|                          |  |        |          |
|--------------------------|--|--------|----------|
| <input type="checkbox"/> | Petition for 3 month Extension of Time | \$     | _____    |
| <input type="checkbox"/> | Claims Fee                             | \$     | _____    |
| <input type="checkbox"/> | Application Size Fee                   | \$     | _____    |
| <input type="checkbox"/> | Other Fees:                            |        | _____    |
|                          |  | \$     | _____    |
|                          |  | \$     | _____    |
|                          |  | \$     | _____    |
|                          |  | TOTAL: | \$ _____ |

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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for Mark B. Solomon  
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Dated: October 1, 2008